

1 PLACE OF DEATH
County Eaton State Mich 9/14/34
Department of State—Division of Vital Statistics
Township Vermontville
Village Vermontville Registered No. 15
City Floyd Cook (No. 199 Clerk)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Floyd Cook
(a) Residence. No. Palumbo Lwp. St., Ward.
(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M.</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>		16 DATE OF DEATH (Month, day and year) <u>Aug 10 1934</u>	
5a If married, widowed, or divorced HUSBAND of <u>Jesse Cook</u> (or) WIFE of <u></u>				17 I HEREBY CERTIFY, That I attended deceased from <u></u> , 19 <u></u> , to <u></u> , 19 <u></u> that I last saw h..... alive on <u></u> , 19 <u></u> , and that death occurred on the date stated above at <u>730P</u> m.	
6 DATE OF BIRTH (Month, day and year.) <u>4-1-1886</u>				The CAUSE OF DEATH* was as follows: <u>Injuries received in</u> <u>auto & train accident</u> <u>death instantly</u>	
7 AGE <u>48</u>	Years <u>4</u>	Months <u>9</u>	Days <u>9</u>	If LESS than 1 day,.....hrs. OR.....min.	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				CONTRIBUTORY (Secondary) <u></u> (duration).....yrs.....mos.....ds.	
9 BIRTHPLACE (city or town) (State or country) <u>Holt Mich</u>				18 Where was disease contracted If not at place of death? <u></u>	
10 NAME OF FATHER <u>Geo. Cook</u>				Did an operation precede death?..... Date of.....	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Carleton Mich</u>				Was there an autopsy? <u>no</u>	
12 MAIDEN NAME OF MOTHER <u>Emmaline Cook</u>				What test confirmed diagnosis? (Signed) <u>A.C. Cheney</u> 19, Address <u>Charlotte Mich</u>	
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Indiana</u>				*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)	
14 Informant <u>Coroner Cheney</u> (Address) <u>Charlotte Mich</u>				19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Charlotte Mich</u> Date of Burial <u>8/12 1934</u>	
15 Filed <u>8/16, 1934</u> <u>R.R. Ward</u> Registrar.				2 UNDERTAKER <u>R.R. Ward</u> Address <u>Vermontville</u>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING